



## **Communication and Public Education Committee Report June 10, 2026**

Nicole Thibeau, PharmD, Licensee Member, Chairperson  
Jason Newell, Public Member, Vice Chairperson  
Renee Barker, PharmD, Licensee Member  
Claudia Mercado, Public Member  
Ricardo Sanchez, Public Member

### **I. Call to Order and Establishment of Quorum**

### **II. Public Comment for Items Not on the Agenda; Matters for Future Meetings**

*The committee may not discuss or act on any matter raised during the public comment section that is not included on this agenda, except to place the matter on a future meeting agenda. [Government Code sections 11125 & 11125.7(a)]*

### **III. Discussion and Possible Action to Approve the Minutes of the January 8, 2026, Communication and Public Education Committee Meeting**

**Attachment 1** includes draft minutes.

### **IV. Discussion and Consideration on How to Inform the Public on the Value of a Consultation**

#### Background

During previous committee meetings, members expressed a strong interest in exploring how the Board can better educate the public on the purpose and value of a consultation.

Current resources on the Board website can be -utilized to expand messaging. Materials include: [Talk to the Expert campaign](#); [Video on Avoid Medication Errors](#); [FAQs – Why should I talk to my pharmacist](#)

#### At Today's Meeting

During the meeting, members will have an opportunity to discuss communication tools and the educational materials that could more effectively convey this information to the public. Some topics for consideration include development of materials to help consumers



understand what a consultation entails and how it contributes to informed decision-making.

## V. **Discussion and Consideration of Highlighting Translation Materials for Consultations**

### Relevant Law

[California Code of Regulations \(CCR\), title 16, section 1707.6](#) outlines the Notice to Consumers requirements and includes provisions include use of a QR code to obtain language translation of the notice. Translations available in Arabic, Armenian, Chinese, English, Farsi, Hindi, Hmong, Japanese, Korean, Khmer / Cambodian, Punjabi, Russian, Spanish, Tagalog, Thai, and Vietnamese.

The section further establishes requirements for notice to patients regarding the availability of interpreter services at no cost.

[CCR section 1707.5 \(d\)](#) further specifies that a pharmacy shall have policies and procedures in place to help patients with limited or no English proficiency understand information on the label as specified, in the patient's language. The section further specifies the minimum provisions that must be included in the policies and procedures, including a means to identify the patient's language and to provide interpretative services in the patient's language.

### Background

Interpreter services are available at no cost during all hours that the pharmacy is open upon request. Every pharmacy in the state must display the [Notice to Consumer poster](#) or display the notice on a video screen accessible to all consumers. Additionally, a [Point to Your Language](#) sign is available at pharmacies for patients to identify what language they are requesting.

### At Today's Meeting

Committee members will discuss strategies to effectively highlight this material to the public. This may include identifying key messages about interpreter services, determining how best to present this information in consumer-facing materials, and exploring ways to increase public awareness through online communication, pharmacy outreach, and other educational efforts.



## **VI. Discussion and Consideration of Educating Pharmacists on Medi-Cal Changes**

### Background

January 23, 2026, Medi-Cal Rx released information, "Reminder: Requirement for Provider Enrollment in Medi-Cal." Information provided indicated for a pharmacy claim to be processed and paid, the individual prescriber (e.g., doctor) on the claim must be enrolled in Medi-Cal using their Type I National Provider Identifier. The information released further specifies that the requirement also applies to pharmacists initiating prescriptions under their own authority.

In February, the Board of Pharmacy notified licensees through email that the changes were coming and encouraged them to enroll before the changes take place. Additional information regarding this change is available on the Medi-Cal Rx Education and Outreach page [here](#).

Separately, Medi-Cal Rx released information. "Reminder: Include ICD-10-CM Diagnosis Codes on Pharmacy Claims." Information released indicated that effective fall 2026, ICD-10-CM diagnosis code(s) will be required for pharmacy claim adjudication. The notification provides that the policy changes will apply to all pharmacy claims submitted on or after the implementation date, including claims for refills.

According to DHCS, pharmacy providers and prescribers should complete the following actions:

- Prescribers should provide the appropriate ICD-10-CM diagnosis code(s) with the prescription to ensure pharmacy providers have access to the information and document the ICD-10-CM diagnosis code(s) in the member's electronic health record for auditing purposes.
- Pharmacy providers should immediately begin including ICD-10-CM diagnosis code(s) on pharmacy claim submissions. Pharmacy providers may contact the prescriber if the ICD-10-CM diagnosis code(s) is not listed on the prescription.

Additional information regarding this change is available [here](#).

### At Today's Meeting



These significant changes, if not implemented, can create challenges for timely patient access to prescription medications. Efforts are ongoing to secure additional messaging by DHCS to ensure licensees are apprised of these upcoming changes.

An update on the release of the DHCS messaging will be provided during the meeting.

## **VII. Discussion and Consideration Regarding Fact Sheet Related to Helpful Tips for New Pharmacists-In-Charge**

### Relevant Law

[Business and Professions Code \(BPC\) section 4112](#) includes requirement, effective July 1, 2026, for a non-resident pharmacy to identify a California-licensed pharmacist to serve as the pharmacist-in-charges specified.

[BPC section 4113](#) requires every pharmacy to designate a pharmacist-in-charge (PIC), as specified. This section further describes some of the responsibilities of a PIC.

[CCR section 1709.1](#) further clarifies the requirements for and process to appoint a pharmacist-in-charge (PIC) who shall have responsibility for the daily operation of the pharmacy.

Under provisions of Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025) several additional changes were made to reinforce the autonomy of decision making of a PIC. Changes include:

1. The PIC shall make staffing decisions to ensure sufficient personnel are present in the pharmacy to prevent fatigue, distraction, or other conditions that may interfere with a pharmacist's ability to practice competently and safely.
2. The PIC, using their independent professional judgment, shall determine the appropriate pharmacist-to-technician ratio, not to exceed a maximum ratio of 1:3.

### Background

Over the past several years the Board has pursued several policy changes and developed educational materials to assist pharmacists serving as a PIC, including the Board's training, "Pharmacist-in-Charge Overview and Responsibility."



As part of the Board's implementation efforts related to AB 1503, the Board released a policy statement underscoring the importance of the role of a PIC, [The Role of the Pharmacist-in-Charge](#).

#### At Today's Meeting

As part of its educational efforts, staff have prepared a draft fact sheet intended to provide newly appointed PICs about some of the legal requirements and actions that must be taken upon appointment.

During the meeting members will have the opportunity to discuss the draft and provide feedback to staff.

**Attachment 2** Includes a copy of the draft.

### **VIII. Discussion and Consideration on Developing a Fact Sheet Related to What to Expect During a Nonresident Pharmacy Inspection**

#### Background

As part of the Board's discussion on implementation efforts stemming from Assembly Bill 1503 (Berman, Chapter 196, Statutes of 2025), the Board referred to this Committee, development of materials on what to expect during nonresident pharmacy inspections. The materials are to provide guidance on the Board's expectations regarding compliance with the new requirements.

#### At Today's Meeting

During the meeting members will have the opportunity to discuss the draft and provide feedback to staff.

**Attachment 3** Includes a copy of the draft.

### **IX. Discussion and Consideration of Patient Use of Artificial Intelligence**

#### Background

As AI tools continue to be integrated into technology used by patients, new patient safety risks are created. AI tools can generate inaccurate or incomplete prescription directions or side effects. A 2024 study found that 66% of inaccurate chatbot answers were potentially harmful if followed by



patients. Patients may trust AI outputs too readily (automation bias), assuming the system “must be right,” even when it is wrong. Large language models may fabricate drug facts or instructions with high confidence, a phenomenon called “online hallucinations.” These errors can be difficult for patients to detect. Additionally, AI tools typically lack access to a patient’s full medical history, allergies, medical conditions, or lab results. This makes it unsafe for patients to rely on AI for individualized dosing or drug–drug interaction decisions.

#### At Today’s Meeting

Patients may be tempted to use AI for information because it is easily accessible, provides an immediate response and provides a comfortable setting for sensitive questions. It can be used by patients who need instructions in their preferred language and may be helpful for patients who live in areas where getting to a pharmacy location may be difficult. It is important to acknowledge these conveniences while also balancing the use of AI cannot replace the accuracy, context, and individualized guidance provided through a professional consultation with a licensed pharmacist.

During the meeting members will have the opportunity to discuss strategies for educating the public on the safety concerns associated with using AI in place of direct conversation with a licensed pharmacist.

## **X. Update on Communication and Public Education Activities by Staff**

### **→ The Script**

The Board has released two newsletters since our previous committee meeting. A special edition of The Script was released in January. This issue focused on Assembly Bill 1503.

More recently, the Spring 2026 issue was released on May 29<sup>th</sup>.

### **→ Staff Outreach**

**Attachment 4** has a list of dates and locations of where presentations took place. These presentations cover multiple topics, including updates in Pharmacy Law.

### **→ News Media Inquiries**

The list of media inquiries is in **Attachment 5**.

### **→ Social Media**



The list of social media posts is in **Attachment 6**.

**XI. Future Meeting Dates**

- January 7, 2027
- Meeting dates are subject to change.*

**XII. Adjournment**

**Upon Conclusion of Business**